## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109012 1. Entity Name FYFFE CONSULTING GROUP, INC.



Principal Place of Business

615 1ST AVENUE TIERRA VERDE, FL 33715 Mailing Address

615 1ST AVENUE

TIERRA VERDE, FL 33715

## **FILED** May 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3613280 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

STEALY, BARBARA A 615 1ST AVENUE TIERRA VERDE, FL 33715

SIGNATURE:

## DO NOT WRITE IN THIS SDACE

4/30/04

727-381-1010

Daytene Phone #

				li¥.	IIIIS STACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and like it	saphtable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
HAME STREET ADDRESS. CHY+SE-7/P	D STEALY, BARBARA A 615 1ST AVENUE TIERRA VERDE, FL 33715				U00000149548 05/03/04-80191-018 150.00
HILLE NAME STREET ADDRESS CHY-ST-ZIP					
HILE NAME SHILL ADDRESS GHY-SI-ZIP				DO	NOT WRITE
IBLE NAME SIRELI ADDRESS CHY-SI-ZIP				IN .	THIS SPACE
HILE NAME STREET ADDRESS					
CITY-ST-ZIP					
HILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR